U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1, File Number U - 2729	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Bront N Mallatt	Name Carpenter District Council
	Labor Organization File Number 026-389
P.O. Box, Bidg., Room No., if any Po Box 102	P.O. Box, Building and Room Number, if any
Street	Street 625 W 39 S+
City Boxter Springs	City Kansas City
State Kansas ZIP Code + 4 66713	State Mo ZIP Code + 4 64111
5. Position in labor organization. Business Agent / organizer	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name	usions set forth in the instructions): derived income or other economic benefit of
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Bunt n Mallatt	On 08/16/65 816-931-3414 Date Telephone Number

Name of Person Filling Brent N Mallatt	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name Carpenter District Council of Konses city and Vicinity Apprendiceship Training fund Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any Street 105 W 12th AVE City North Konses City State MO ZIP Code + 4 64116	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Apprenticeship and Journey man Training
Street City	11.b. Approximate dollar value of such dealing. 2, 255, 100 12.a. Nature of interest held or income received.
State ZIP Code + 4	Attende Apprentice Graduation with My wife. 10/23/04
	12.b. Amount. 480
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	

14.b. Amount of payment.

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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State